Significant Astigmatism

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Before I walk into the exam room, I lift the chart out of the rack and quickly peruse the diagnostic measurements. Because I'm in an academic practice, on one sheet I can see the manual Ks, the IOL master Ks, the Lenstar Ks, the iTrace Ks, the Pentacam Ks, and the Atlas topography. In a moment, I know whether or not the patient is a toric lens candidate. After walking into the room, introducing myself to the patient and, while shaking their hand, I ask if they are aware that they have significant astigmatism. This question is analogous to a magician forcing a card on an unknowing bystander because he already has the answer. Regardless of what the patient says, I quickly start my brief explanation as follows:

> Your cornea is supposed to be round like a marble. But yours is warped like a spoon. You didn't get the basketball-shaped cornea when you were born; you got the football-shaped cornea, and this is called astigmatism. I can show it to you.

At this point I hold up their topography (Figure 1-1).

> This represents your cornea. Here's where your nose is and here's your eyebrow. Think of a bird flying over an island. When a bird flies over this island *[pointing],* it's ok to see the blue ocean around it, and if there's no astigmatism the island is green and plush. Your island—your cornea—has these high red mountains.

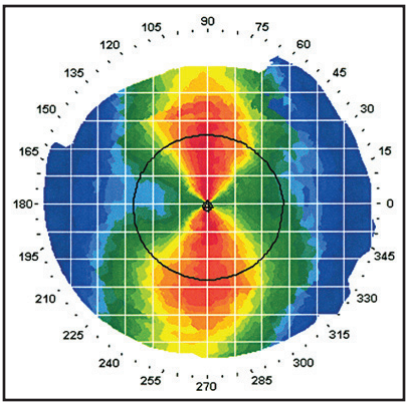

Figure 1-1. Corneal topography shown to patient.